



**ARIZONA DEPARTMENT OF HEALTH
SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES**



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Base Hospital Certification

Pursuant to Arizona Administrative Code R9-25-208-A-1, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to submit to the Department an application for certification.

HEALTH CARE FACILITY SECTION

HEALTHCARE FACILITY NAME					
MAIN TELEPHONE NUMBER			ALTERNATE NUMBER		
HEALTHCARE FACILITY MAILING ADDRESS		CITY	COUNTY	STATE	ZIP CODE

CORPORATE INFORMATION SECTION

HEALTHCARE FACILITY CORPORATE NAME					
MAIN TELEPHONE NUMBER			ALTERNATE NUMBER		
CORPORATE MAILING ADDRESS		CITY	COUNTY	STATE	ZIP CODE

CHIEF ADMINISTRATIVE OFFICER SECTION

CHIEF ADMINISTRATIVE OFFICER NAME					
MAIN TELEPHONE NUMBER			ALTERNATE NUMBER		

ADMINISTRATIVE MEDICAL DIRECTOR SECTION

*Additional Administrative Medical Directors may be listed on page 3 of this application.

ADMINISTRATIVE MEDICAL DIRECTOR NAME					
MAIN TELEPHONE NUMBER			ALTERNATE NUMBER		

ON-LINE MEDICAL DIRECTION PHYSICIAN SECTION

*Additional On-Line Medical Direction Physician's may be listed on page 3 of this application.

ON-LINE MEDICAL DIRECTION PHYSICIAN NAME					
MAIN TELEPHONE NUMBER			ALTERNATE NUMBER		



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PRE-HOSPITAL COORDINATOR

PRE-HOSPITAL COORDINATOR NAME

MAIN TELEPHONE NUMBER

ALTERNATE NUMBER

BASE HOSPITAL QUALIFICATION SECTION

Pursuant to Arizona Administrative Code R9-25-203-B, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to answer the following questions attesting that they are in compliance.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have an Administrative Medical Director as outline in A.A.C. R9-25-204?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have an on-line physician available to give on-line medical direction to an EMT 24 hours a day, seven days a week?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that the on-line physician has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that the on-line physician has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or Is practicing emergency medicine and has proficiency in advanced emergency cardiac life support, proficiency in advanced trauma life support, and proficiency in pediatric emergency care?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that they will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25?

REQUIRED DOCUMENTS SECTION

Pursuant to Arizona Administrative Code R9-25-208-A-2 and R9-25-208-A-2, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to submit to the Department an application including the following documents. Please indicate below if the described documents are attached or enclosed with this application.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has this ALS base hospital attached or enclosed a copy of their current general hospital license issued under 9 A.A.C. 10, Article 2?
<input type="checkbox"/>	<input type="checkbox"/>	Has this ALS base hospital attached or enclosed a copy of each executed written agreement, including all attachments and exhibits, described in A.R.S. § 36-2201(2)?



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ADDITIONAL ADMINISTRATIVE MEDICAL DIRECTORS

ADMINISTRATIVE MEDICAL DIRECTOR NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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ADMINISTRATIVE MEDICAL DIRECTOR NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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ADMINISTRATIVE MEDICAL DIRECTOR NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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ADDITIONAL ON-LINE MEDICAL DIRECTION PHYSICIANS

ON-LINE MEDICAL DIRECTION PHYSICIAN NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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ON-LINE MEDICAL DIRECTION PHYSICIAN NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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ON-LINE MEDICAL DIRECTION PHYSICIAN NAME	
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MAIN TELEPHONE NUMBER		ALTERNATE NUMBER	
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<input type="checkbox"/>	SUMMISSION DATE	<p>If submitting this application by electronic signature, by checking the box to the left, or affixing a signature, attests that all information provided in this application and / or any required supplemental forms and documents submitted to the Bureau are true and accurate. A.A.C. R9-25-208(A)(1)(h).</p> <p>_____ Chief Administrative Officer Signature (or Designee)</p>
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